I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 537015846 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

ated: November 15, 2005 Signature:

Patent Docket No. 437252001200

NOV 1 5 2005 8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

per Patent Application of: Tark R. ALVIS et al.

Serial No.: 10/082,443

Filing Date: February 22, 2002

For: METHODS AND COMPOSITIONS FOR

IMPROVED ARTICULAR SURGERY

USING COLLAGEN

Examiner: A. Mohamed

Group Art Unit: 1654

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. Copies of the documents are also submitted herewith. The Examiner is requested to make these documents of record.

This Supplemental Information Disclosure Statement is submitted:

	With the application; accordingly, no fee or separate requirements are required.
\boxtimes	Before the mailing of a first Office Action after the filing of a Request for Continued
	Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.93
	(e)(1) has been provided.

Within three months of the application filing date or before mailing of a first Office Action					
on the	merits; accordingly, no fee or separate requirements are required. However, if				
applic	able, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.				
After	receipt of a first Office Action on the merits but before mailing of a final Office Action				
or Not	cice of Allowance.				
	A fee is required. A check in the amount of is enclosed.				
	A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to				
	this submission in duplicate.				
	A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is				
	believed to be due.				
After	mailing of a final Office Action or Notice of Allowance, but before payment of the				
issue f	See.				
	A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the				
	amount of is enclosed.				
	A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal				
	form (PTO/SB/17 is attached to this submission in duplicate.)				

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other

fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing <u>437252001200</u>.

Dated: November 15, 2005

Respectfully submitted,

Kimberly A. Bolin

Registration No.: 44,546

MORRISON & FOERSTER LLP

425 Market Street

San Francisco, California 94105-2482

(650) 813-5740

NOV 1 5 2005

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many she ets as necessary)

Sheet 1 of 1

Complete if Known				
Application Number	10/082,443			
Filing Date	February 22, 2002			
First Named Inventor	Mark ALVIS			
Art Unit	1654			
Examiner Name	A. Mohamed			
Attorney Docket Number	437252001200			

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

		FOREIG	SN PATENT (OCUMENTS	·	_
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. Senter Office that issued the document, by the two-letter code (WIPO Standard ST.3). For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. Applicant is to place a check mark here if English language Translation is attached.

	NON PATENT LITERATURE DOCUMENTS				
Examiner Cite No.1		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²		
	1.	Batyrov, T.U. et al. (March-April 1982). "Experimental Study," Stromatologiia 61(2):7-10.	1		
		(Certified English translation attached, 12 pages.)			
	2.	Weiss, C. et al. (1987). "The Role of Na-hylan in Reducing Postsurgical Tendon Adhesions:			
		Part 2," Bull. Hosp. Jt. Dis. Orthop. Inst. 47(1):31-39.			

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

		_
Examiner	Date	
Signature	Considered	

^{&#}x27;Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.